

Enhancing Concussion Management through Occupational Therapy: An Emergency Department (ED) Service Model

Presented by ED Occupational Therapists:

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Integrity



Compassion



Accountability



Innovation

Sunshine Coast
Health



Queensland
Government



Problem Overview

Australian Institute of Health and Welfare (AIHW, 2020-21)

- 17,700 Emergency department (ED) presentations for concussion.

Local problems:

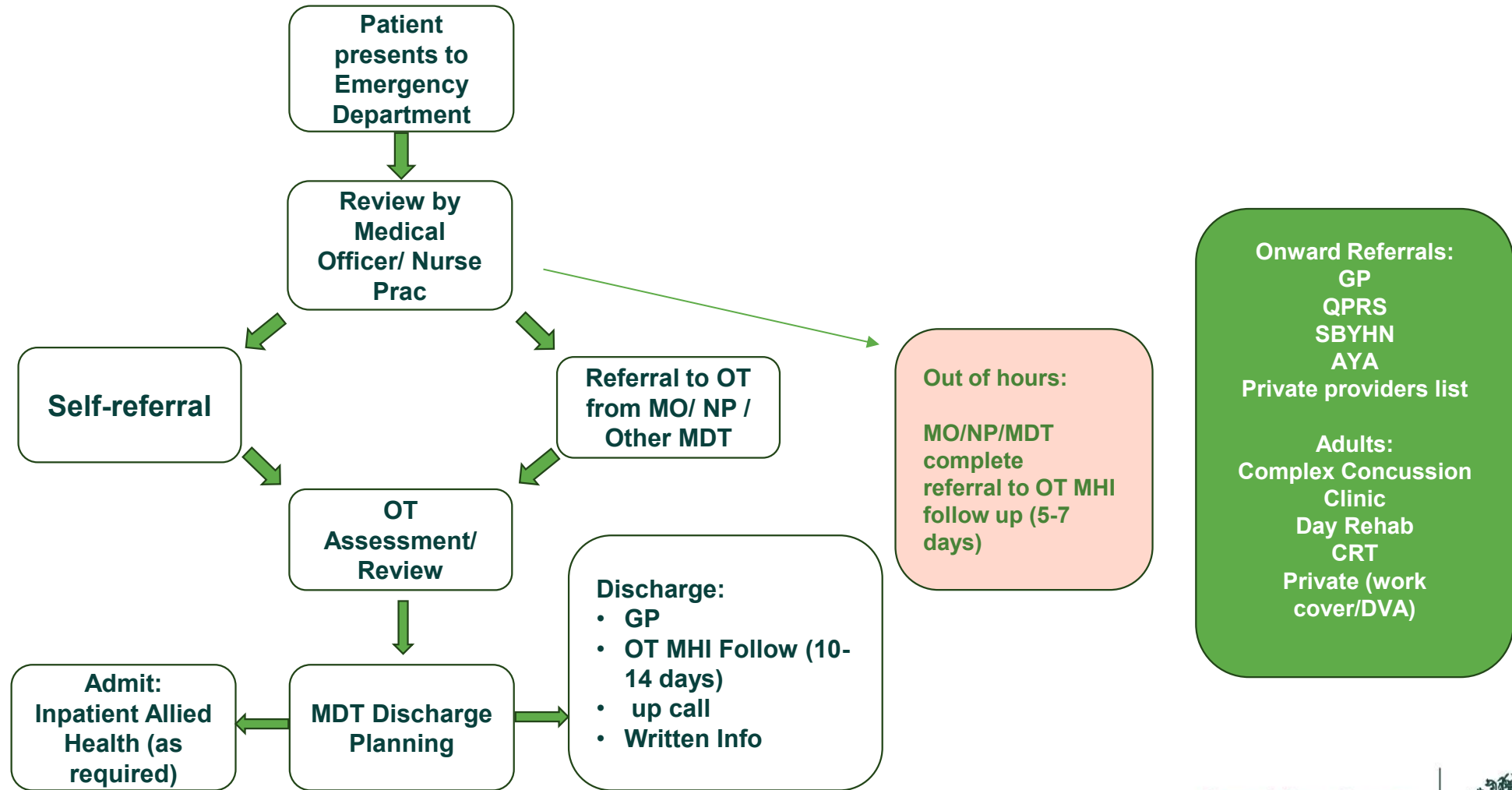
- No pathway or structure in place to support this patient cohort
- Representations / delayed referrals into specialist care
- Insufficient education
- Unclear follow up options

Model of care objectives

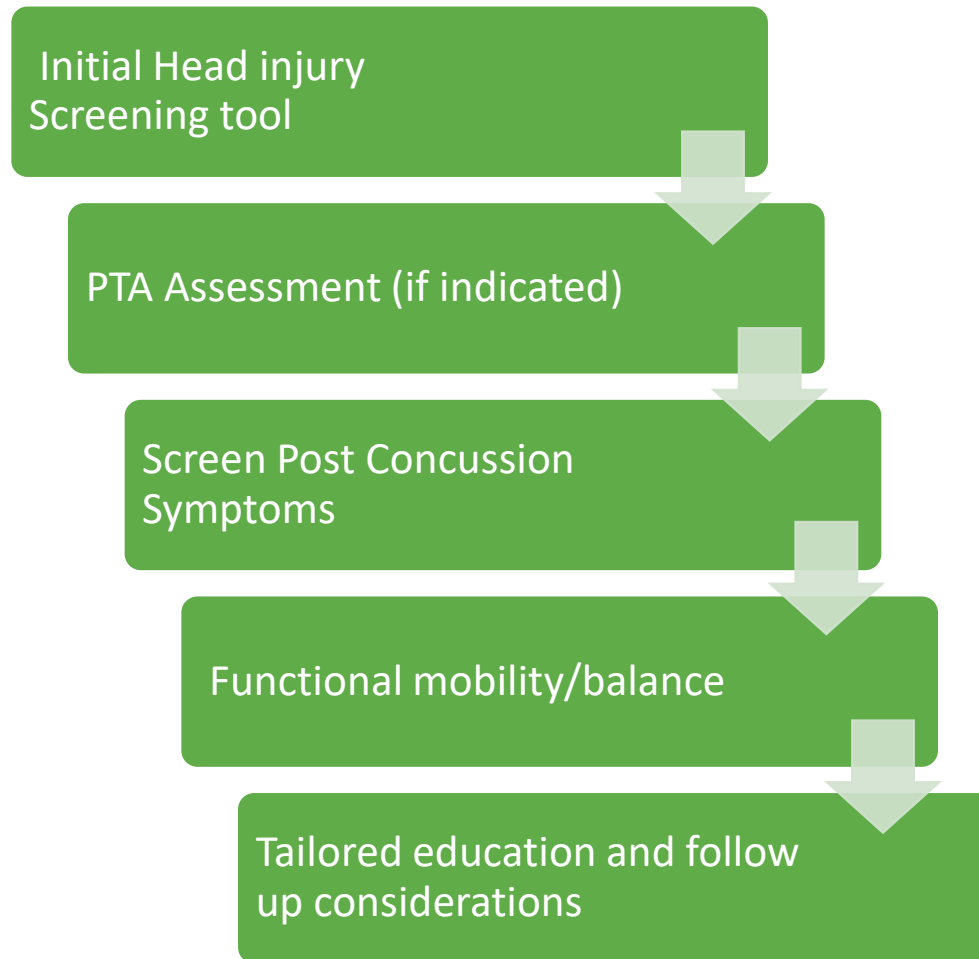
- **Improve** assessment and monitoring processes
- **Support** patient flow and access to intervention
- **Deliver** patient / carer education
- **Establish** follow up pathways



The ED OT Service Model



The OT Service Model



Re-presentation Data (July 2024- July 2025 review)

Overview:

Head injury presentations at SCUH and NMH ED

Following DRGs:

- Head Injury
- Brain concussion
- Major Head Injury
- Traumatic Brain Injury
- Memory loss – amnesia
- Amnesia
- MVA

Re-presentation Data (July 2024- July 2025 review)

Total presentations - **1546**

Key Findings:

- **1.03%** re-presentation rate within 90 days, related to their head injury
- **Reason for re-presentation:**
 - 55% returned with '**red flag**' symptoms.
 - 45% returned due to **concussion-related symptoms**, parental anxiety or 13HEALTH advice
- Only **1 patient** who re-presented due to ongoing concussive symptoms was seen by ED OT on their initial presentation.

OT Head Injury Follow Up Data Review (12 months)

Follow-Up Call Clinic

- Occasions of service (2024)
- **633 New, 119 review**
 - *38% of new occasions of service were for patients under 18 years*

At the time of their follow up call:

- **57.14%** experiencing ongoing symptoms
- **24%** of patients required onward referral

Consumer Feedback on OT Concussion Intervention

Key Insights from Recent Survey

- **93%** of patients felt they received "*a great deal*" of education
- **100%** felt the information was *specific and tailored* to their needs
- **100%** followed the advice for a *graded return* to activities

Consumer feedback

Appreciated the information provided and its capacity to assist my child's recovery.

Honestly, everyone was so kind and thoughtful. The advice was tailored to my specific situation.

I really appreciated the follow-up phone call. It helped guide me through ongoing strategies for my recovery.

I felt very supported through the entire process. The follow-up calls have been incredibly helpful in my recovery.

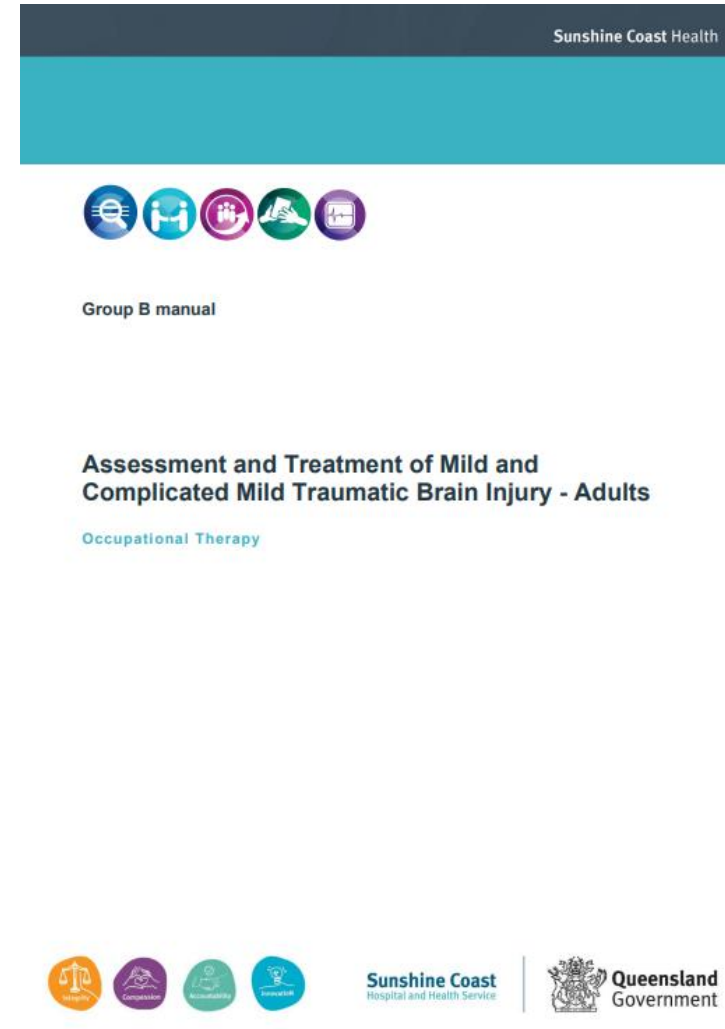
The education was thorough, and I left with a clear plan to move forward in my recovery.

The Occupational Therapist was kind and reassured me through all of my worries and concerns.

I felt very comfortable sharing my symptoms, which I usually struggle with.

Benefits of an ED OT Model of Care:

- **Supports ED flow** decisions
- Early intervention **supports recovery**
- **Prevents** re-presentations
- Facilitates a **smooth transition** home
- **Streamlines** referrals to specialist services



Implications for Practice

- **Collaborative** MDT approach with timely **communication** being essential
- **Regular education** supports consistent referrals and use of resources
- Potential for **activity-based funding**

Resource sharing

- ED OT toolkit
- ED OT collaborative

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